

Appl. No. 10/825,250
Amdt. dated December 22, 2005
Reply to Office Action of September 28, 2005

REMARKS

Applicants have received and carefully reviewed the Office Action mailed September 28, 2005. Claims 30-45 remain pending. Reconsideration and reexamination are respectfully requested.

Rejection under 35 U.S.C. § 103(a)

Claims 30-45 are rejected as being unpatentable over Kramer, Sirhan et al., and/or Euteneuer et al., in view of Ferguson et al. The Examiner asserts that Kramer, Sirhan et al. and Euteneuer et al. disclose a catheter having a lumen and guidewire lumen adapted to allow a guidewire disposed therein to be moved laterally out of the guidewire lumen from a first location proximal of the distal end of the cannula to the distal end of the cannula. The Examiner acknowledges that none of the cited references teach a second lumen in addition to the first lumen and the guidewire lumen. However, the examiner asserts that duplication of a well-known element of an apparatus such as a lumen should not be considered patentable weight to a claim. The Examiner cites Ferguson et al. for teaching that catheter designs having three lumens are well-known in the art.

Applicants respectfully traverse the rejection. None of Kramer, Sirhan et al. or Euteneuer et al. teach a catheter having a lumen and guidewire lumen adapted to allow a guidewire disposed therein to be moved laterally out of the guidewire lumen from a first location proximal of the distal end of the cannula to the distal end of the cannula, as is recited in independent claims 30 and 38.

Kramer teaches "A second slit 24 is provide in the wall of the catheter body 11 which further defines the guidewire-receiving inner lumen and extends from the second guidewire port 17 to a location proximal to the proximal end 25 of the balloon 13." (emphasis added) See

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column 5, lines 28-32 and FIG. 1. Kramer thus does not teach a guidewire lumen adapted to allow a guidewire disposed therein to be moved laterally out of the lumen from a first location proximal of the distal end of a cannula to the distal end of the cannula, as is recited in the claims.

Sirhan et al. teach a catheter shaft where a "distal shaft section 21 is provided with distal slit 26 which extends from the proximal guidewire port 17 to a location 27 proximal to the proximal end of the balloon 13." (emphasis added) See column 6, lines 9-17 and FIG. 1. Sirhan et al. thus do not teach a guidewire lumen adapted to allow a guidewire disposed therein to be moved laterally out of the lumen from a first location proximal of the distal end of a cannula to the distal end of the cannula, as is recited in the claims.

Euteneuer et al. teach a tube with a longitudinally extending opening or slit 30 that communicates with insertion lumen 16, where "Slit 30 extends from proximal end 24 of tube 12 to end point 32, which is located near the proximal portion of inflation balloon 20." Euteneuer et al. also teach that "the distance D between distal tip 34 of catheter 10 and end point 32 of slit 30 is approximately ten inches." See column 3, lines 14-22 and FIG. 1. Euteneuer et al. thus teach away from a guidewire lumen being adapted to allow a guidewire to be moved laterally out of the lumen all the way to the distal end of the cannula, as is recited in the claims.

Ferguson et al. do not appear to teach or suggest what Kramer, Sirhan et al. and Euteneuer et al. lack. Additionally, there is no motivation, suggestion, or guidance for one of ordinary skill in the art to modify any of Kramer, Sirhan et al. or Euteneuer et al. to achieve the claimed cannula. As stated above, each reference teaches a guidewire lumen allowing lateral movement of the guidewire only from a proximal portion up to a proximal end of a balloon on the catheter. Because each of Kramer, Sirhan et al. and Euteneuer et al. teach a balloon catheter, there is no reasonable expectation of success if one were to modify the references to allow the

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guidewire to move laterally out of the guidewire lumen all the way to the distal tip. Such a modification would destroy the balloon and thus destroy the function of the catheter system. Reconsideration and withdrawal of the rejection is respectfully requested.

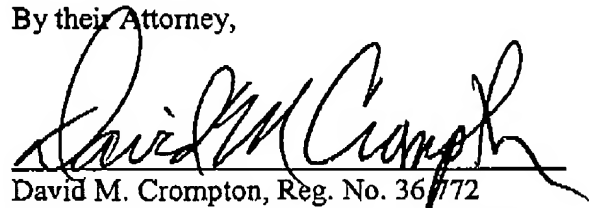
Reexamination and reconsideration are respectfully requested. It is respectfully submitted that all pending claims are now in condition for allowance. Issuance of a Notice of Allowance in due course is requested. If a telephone conference might be of assistance, please contact the undersigned attorney at (612) 677-9050.

Respectfully submitted,

Mark Agro et al.

By their Attorney,

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